

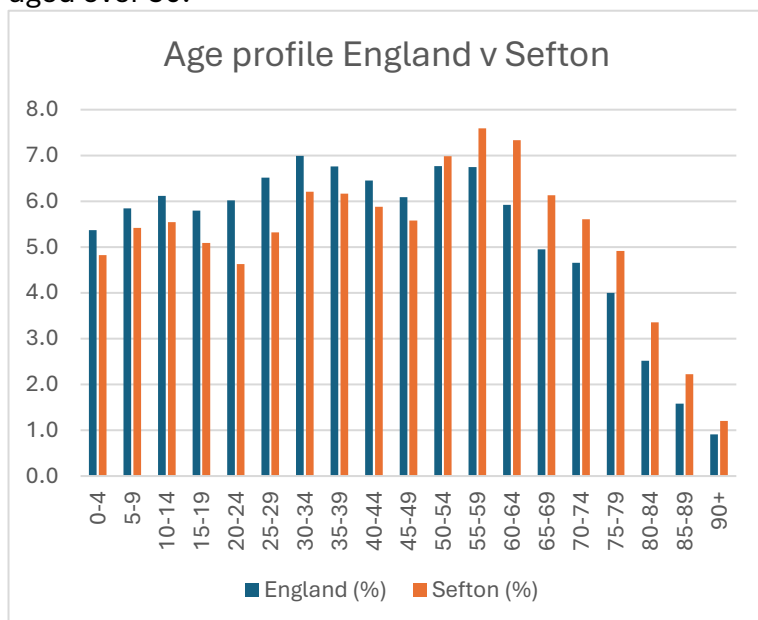
Sefton Locality Appendix

1 Population and Mortality Data

The population of Sefton in 2022 was 281,039 (ONS

<https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>)

The age profile shows the population of Cheshire East is generally older than the England average. The chart below shows proportionally fewer people aged under 50, and more people aged over 50.



Source: <https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>

The population is growing and aging: the overall population is predicted to increase by around 13,000 by 2035 and around 26,000 by 2047, up to 307,438 – overall this represents a 9.4% increase by 2047.

The population aged over 70 is increasing at a faster rate than the overall population. In 2022 there were 46,648 people aged 70 or over, this is predicted to increase to 64,320 by 2047, a 32% increase.

<https://www.ons.gov.uk/releases/subnationalpopulationprojections2022based>

The number of people who die is increasing; this is due to a combination of a growing and aging population. Although there are some annual variations (in particular seen during the COVID-19 pandemic) we can see that annual deaths between 2012 and 2023 have risen by around 12.8%. In 2023 there were 3569 registered deaths in Sefton.

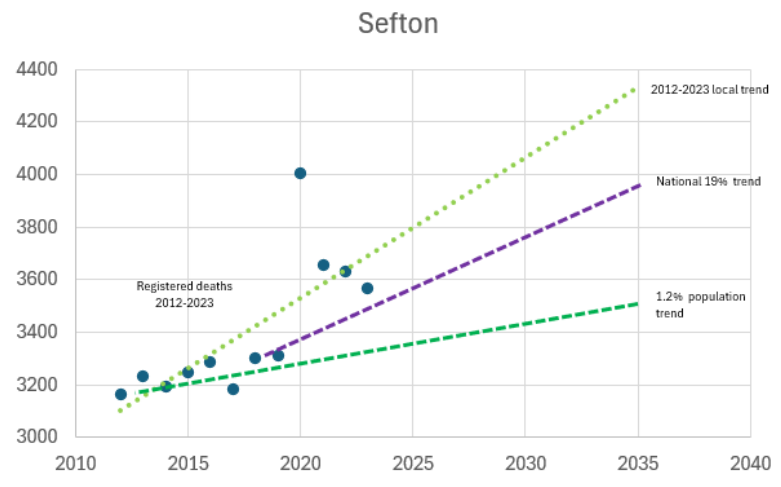
We can also see that over this period that the number of deaths is year is approximately 1.2% of the local population – which is slightly higher than the national rate of 1.0%

Local projections for future death trends are not available from any national sources such as ONS, therefore a number of assessments have been made, displayed in the graph below.

- If the reported deaths from 2012-23 are extrapolated to 2035, it suggests that there could be approximately 4330 local deaths each year.
- ONS have predicted a 19% national increase in registered deaths from 2018 to 2035, (2018 [Deaths registered in England and Wales - Office for National Statistics](#), and 2024 [National population projections - Office for National Statistics](#)). If Sefton were to follow the national rate it would mean that there could be approximately 3930 deaths each year.

- If recent local trends for 1.2% of the population to die each year, based on 2025 ONS estimates for the local population, there could be approximately 3500 deaths each year.

These estimates suggest that there could be between 3500 and 4330 deaths each year in Sefton by 2035.



The 19% national mortality increase projection represents the most credible scenario for Sefton by 2035, reaching approximately 3,930 annual deaths. This is evidenced by demographic pressures and the data showing deaths returning to the 19% trend line, once the COVID-19 deaths are accounted for.

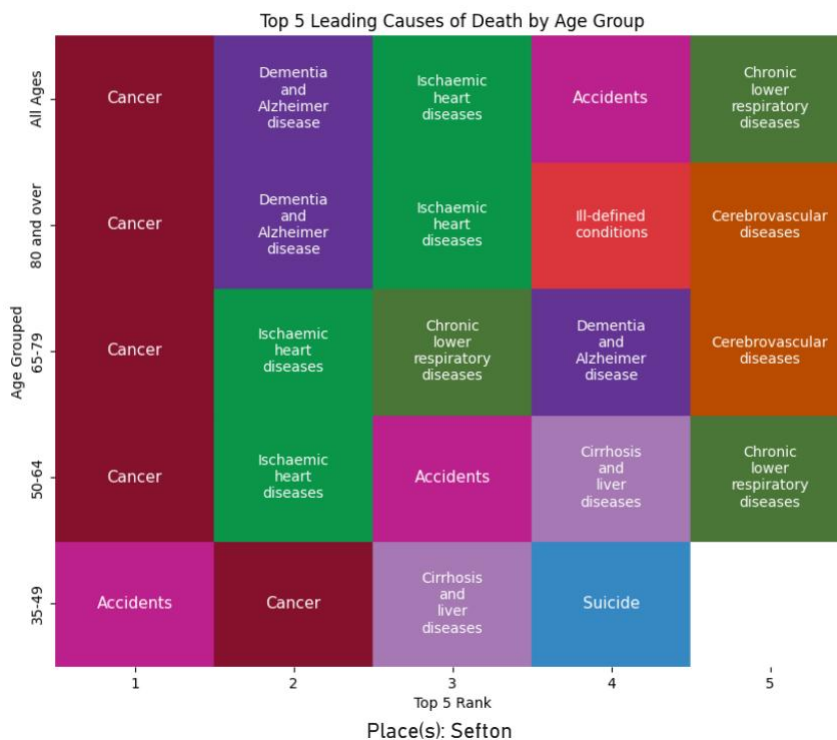
Supporting this population need requires services, skills and conversations to address growing multimorbidity complexity in an aging population and delivering compassionate community care alongside reshaping of health and social care services.

We recognise key demographic differences in the populations of north and south Sefton and that service configurations for some of the more specialist services means that north Sefton patients are increasingly likely to be under the care of Liverpool-based providers.

2 Major causes of death

The major causes of death in Sefton are Cancer, Heart Disease and Dementia, although we can see from the chart below that this does change across different age groups.

Leading cause of death by age Group, 2023



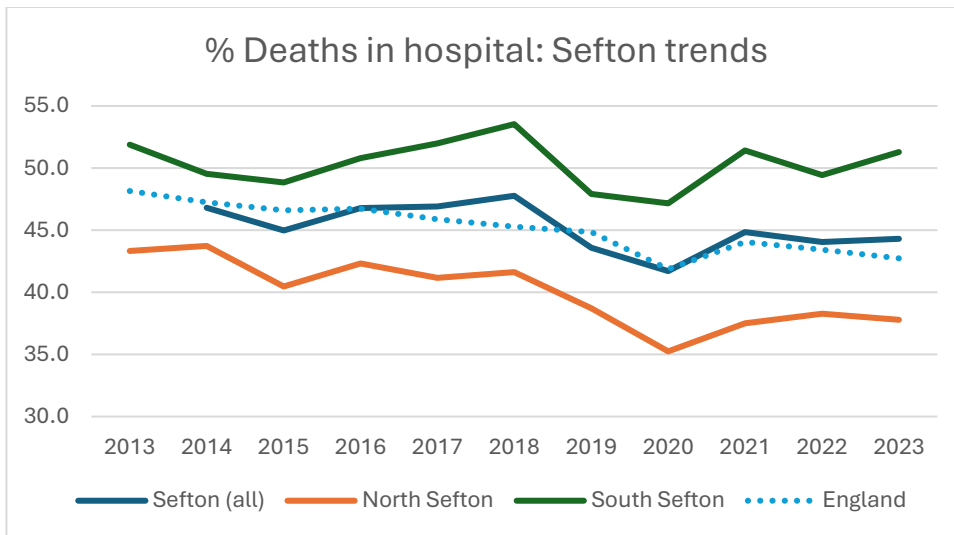
The major causes of death in Sefton broadly mirror those across Cheshire and Merseyside and England. To fully understand local needs, it may be helpful to supplement this chart with data around multi-morbidity as an indication of complexity which may limit an individual's choice of around preferred care and preferred place of care.

3 Place of death

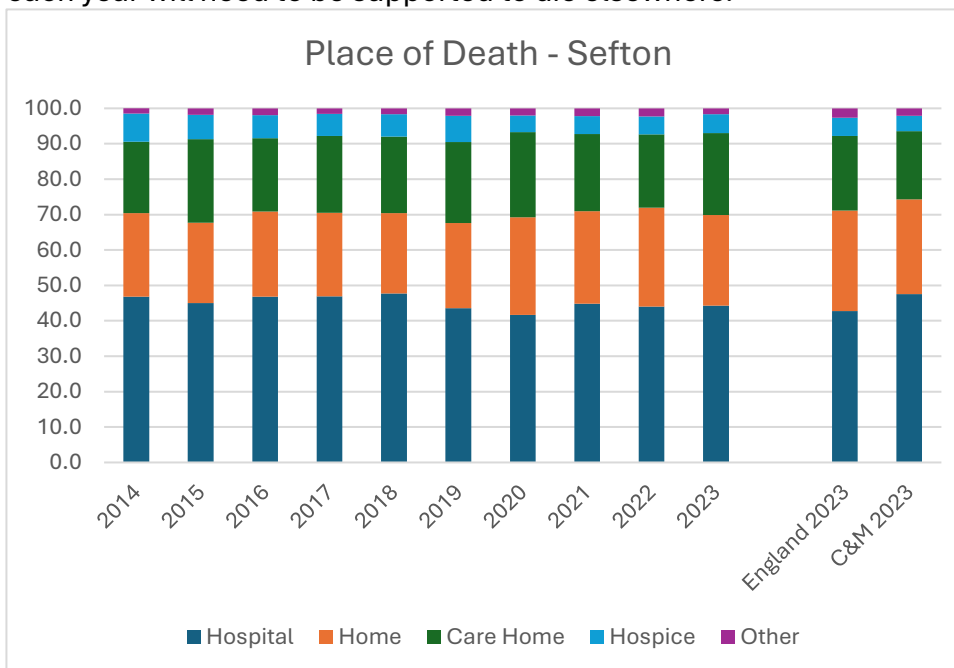
We know that most people would prefer to die at home or in a hospice, yet many people die in hospital – the factors behind this are multifaceted and complex, but monitoring the place where people die, and in particular the proportion of people who die in hospital is widely seen as an important indicator of the strength of a palliative care system.

These charts show that in Sefton, the proportion of people who die in hospital has fallen slightly over the last decade (from in 2014 46.8% to 44.3% in 2023) and that this is broadly in line with the England trend (the national average fell from 47.2% to 42.7% over the same time period).

However, this overall boroughwide picture hides a clear difference between the former CCG footprints covering North and South Sefton – where South Sefton is consistently worse than the national average (6% higher in 2019), and North Sefton consistently better than the national average (4.9% lower in 2022).



In order to reach the national average, around 40 people who currently die in hospital in Sefton each year will need to be supported to die elsewhere.



(Source: <https://fingertips.phe.org.uk/profile/end-of-life/>)

The chart above shows that, overall, rates of people dying in hospital are in line with the national trend, however this hides a stark divide between North and South Sefton, where the north shows a low proportion of hospital deaths, much lower (approx. 5% lower) than the national and regional trends, and the South shows much higher rates of hospital deaths, amongst some of the highest rates in Cheshire and Merseyside, and much higher than the national trend (almost 9% higher).

The opposite of this can be seen when looking at deaths outside of hospital, especially in care homes, with rates in North Sefton 10% higher than the national average, and rates in South Sefton 10% lower.

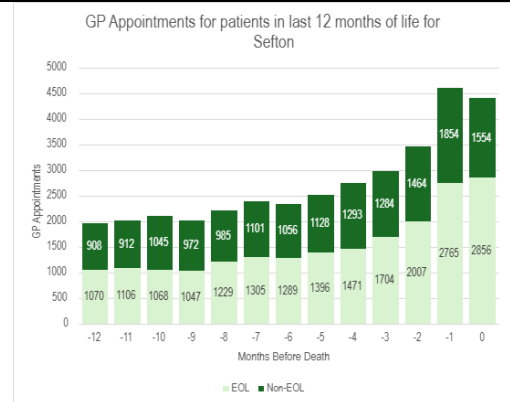
We need to understand this variation if we are to improve on the situation in South Sefton, this could include understanding the variable access to care homes, the education offer to care homes improving their confidence in supporting people who are end of life, and different models of community integrated care delivery, visibility of GSF or Palliative Care Status on hospital records.

4 Use of Services

National and regional analysis shows how people use services such as their GP, hospital or district nursing in their last 12 months of life changes and how this rapidly increases in the last 3 to 4 months of life. Our analysis of activity in Sefton shows the pattern of use of services is visually very similar to the rest of Cheshire and Merseyside, with only slight statistical differences.

Our analysis shows that Sefton patients who died during 2024/25 attended 35,869 GP appointments in their last 12 months of life. [Which is an average of 11.9 appointments for each person who died (C&M average = 14.8)]

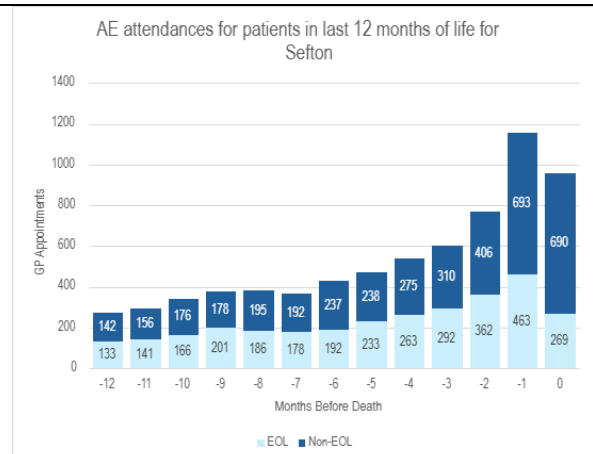
Visually this chart looks very similar to the Cheshire and Merseyside wide chart, it shows an increase in GP appointments in the final 3 months of life, in fact 34.8% of all appointments took place in these months (C&M average 32.6%).



The data shows that 61% of GP appointments in the final 3 months were used by people recognised as being end of life (EOL) this is higher than the proportion of people identified as being likely to be EOL (41%) which suggests EOL patients are being well supported by their GPs.

The data also shows that Sefton patients attended A&E 6,967 times in their last 12 months of life. [Which is an average of 2.3 visits for each person who died (C&M average = 2.2). 11% of local patients attended at least 3 times in their last 3 months of life (C&M average 11%).

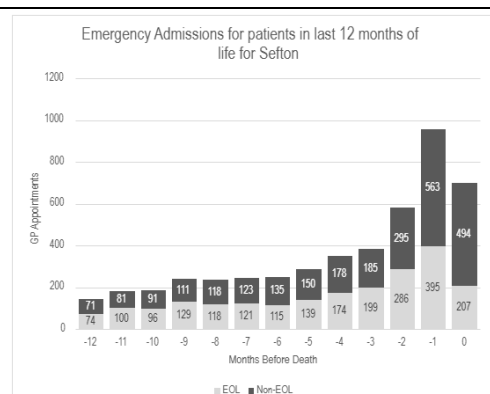
Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 41.4% of all visits to A&E take place in the final 3 months of life (C&M average 42.3%).



In this final 3 months, 38.4% of visits were by patients recognised as being EOL, which is slightly less than the proportion of patients identified as likely to be EOL (41%). Which suggests that patients may be being supported by other, non-emergency, services.

Our research shows that Sefton patients who died during 2024/25 were admitted to hospital on a non-elective (NEL) basis 4,748 times in their last 12 months of life staying in hospital for a total of 55,403 bed days.

6.1% of people who died were admitted NEL 3 or more time in their last 3 months of life (C&M average, 7.0%. England 7.0%)



Again, visually this chart is similar to the Cheshire and Merseyside wide chart, it shows an increase in activity in the final 3 months of life. 47.2% of all NEL admissions take place in the final 3 months of life (C&M average 46.5%).

40% of NEL admissions in the last 3 months were by patients recognised as being EOL, which is less than the proportion of patients identified as likely to be EOL. Which suggests that patients are being supported by other, non-emergency, services.

Use of Services analysis is based on data from Cheshire and Merseyside NHS Business Intelligence, it does not represent all activity because around 10% of patients, or their GP practices, opt out of sharing their data.

Many of the figures could be increased by 10% to gain a fuller picture of use of services.

Unplanned hospital activity such as attending A&E or being admitted non-electively accounts for much of the service use in the last year of life.

3 or more A&E attendances in last 3 months of life:		
Sefton 11%	C&M 11%	
% of all people who died who spent time in hospital		
At least one hospital admission in last 6 months of life:		
Sefton 68.4%	C&M 72.4%	England 68.2%
At least one Non Elective admission in last 3 months of life:		
Sefton 61.3%	C&M 65.3%	England 60.3%
3 or more Non Elective Admissions in last 3 months of life:		
Sefton 6.1%	C&M 7%	England 6.2%
Average Length of Stay in hospital in last 3 months of life (people who had at least one admission):		
Sefton 17.8 days (mean)	C&M 18.4 days (mean)	18.5 days (mean)
% bed occupancy (of all general and acute hospital beds) by patients in the last 3 months of life:		
LUFT 21.2% MWL 21.8%	C&M 22.6% (all hospitals, including specialist)	England 23.9%
<i>All Trusts: LHCH 8.8% Walton 10.9% Liv Women 11.0% LUFT 21.2% MWL 21.8% MC 23% COCH 23.5% W&H 23.8% ECT 24.1% Wir 25.1% Clatterbridge 37.5% (Model Health System, accessed 02/10/25)</i>		
<i>Data sources: C&M BI, Fingertips.phe.org & Model Health System</i>		

At present around 43% of people who die were on the GSF Palliative Care Register, it is reassuring to see that these patients made greater use of community-based services such as GP appointments and district nursing (not included in the charts above, but the data is available) and lesser use of unplanned hospital services.

Our relatively good performance in identifying people who may be in their last 12 months of life and in need of greater co-ordinated care, and of better understanding their wishes in Advance Care Plans, may also help to explain the relatively good performance in terms of fewer people attending A&E, being admitted on a non-elective basis and less time spent in hospital in the last few months of life.

5 General Practice PEOLC Care Registers

Identifying people who are likely to be in the last 12 months of life

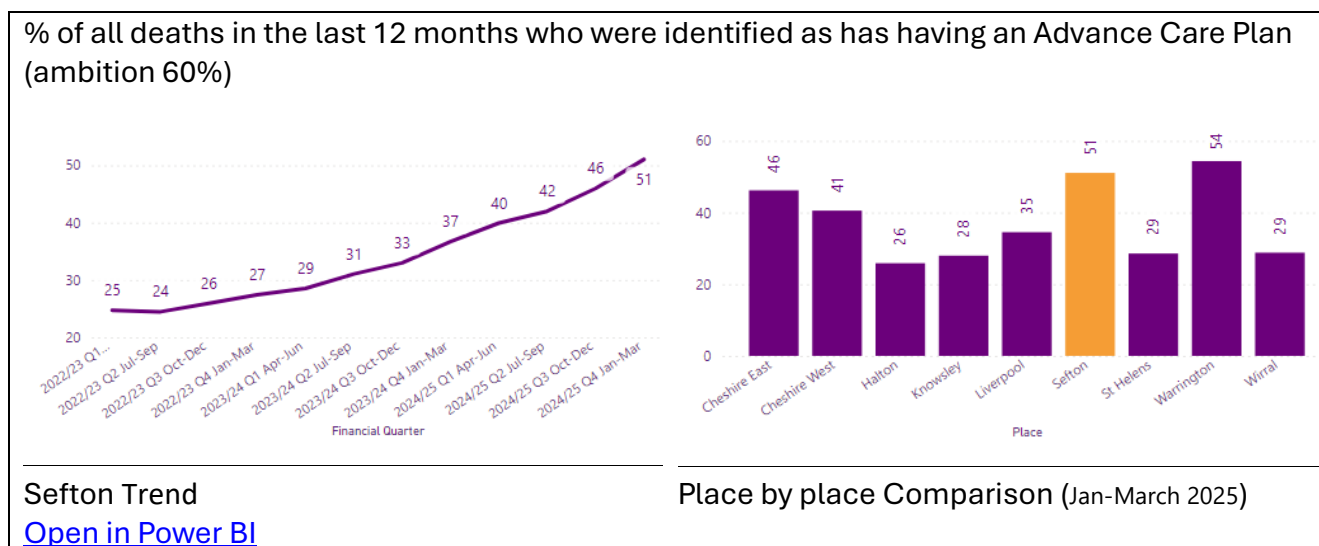
Early identification of patients who may be in the last 12 months of their life is important because it gives people the opportunity to be involved in planning for their future care. This could include thinking about the type of care they would like or would not like, where they would like to be cared for, who should be involved in their care and can help with planning for loved ones.

<https://www.cheshire-epaige.nhs.uk/wp-content/uploads/2023/03/EARLY-Toolkit-V2.0-March-2023.pdf>



Advance Care Plans

Advance Care Planning is a personalised process that emphasises reflection, choice and communication and gives people the chance to think about and write down what is important to them. As part of the process a person might choose to describe the type of care they would like at the end of their life. [What is advance care planning? | For professionals | Marie Curie](#)

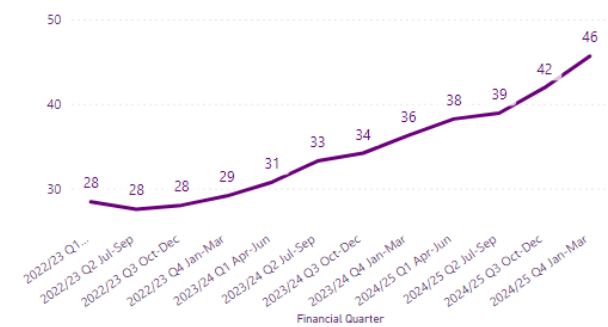


DNACPR

A DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision is important because it allows individuals, along with their healthcare team, to make informed decisions about an important part of their end-of-life care and ensures their wishes are respected. It provides guidance to healthcare professionals on what actions should or should not be taken if a person experiences a cardiac arrest or dies suddenly. DNACPR decisions are crucial for ensuring a patient's dignity and comfort at the end of life and preventing unnecessary, potentially painful or

unsuccessful interventions. [CPR Recommendations, DNACPR and ReSPECT | Resuscitation Council UK](#)

% of all deaths in the last 12 months who were identified as having had a CPR discussion / decision



Sefton Trend
[Open in Power BI](#)

Place by place Comparison (Jan-March 2025)
[Open in Power BI \(link\)](#)

PCN	GSF %	ACP %	CPR %	GSF & ACP & CPR %
PC24	27.45	38.38	22.97	12.04
South Sefton PCN	30.81	44.80	42.30	26.19
Southport & Formby PCN	54.93	58.39	52.93	42.02

(C&M EOL Dashboard Jan-March 2025)

We note a satisfying improving trend for all Sefton against these key metrics and important that we understand variation at a PCN level (with generally much better rates in Southport and Formby).

The Local Quality Contract for Sefton general practices has almost certainly had a key role in realising overall improvements. There is a risk that the scheme may not continue into future years but equally a hope that standardising such schemes across the ICB will bring about improvements in other places.

We recognise that we don't yet have adequate systems in place for all providers to see GSF And ACP information, and this is something we want to improve on – greater visibility and understanding will help in recognising patients approaching the end of life and help facilitate future care planning and co-ordination of care.

6 Specialist Palliative Care (SPC) Beds

An assessment of SPC beds across Cheshire and Merseyside is given in the main report set against internationally recognised standards. It is difficult to provide a locality-by-locality assessment for the need for or supply of specialist beds as the populations served by each individual hospice rarely align to NHS locality boundaries, therefore as assessment of needs for the wider Cheshire Devolution area and Liverpool City Region area have been made.

Liverpool City Region Assessment	
Total population of Halton, Knowsley, Liverpool, Sefton, St Helens and Wirral.	1,746,772
PC beds	
Halton Haven Hospice	10
Queenscourt Hospice	6
Willowbrook Hospice	10
Wirral Hospice St John's	14
St Josephs Hospice	31
Woodlands Hospice	15
Claire House (Children & Young People)	5
Royal Liverpool Hospital (NHS Hospital)	8
Arrowe Park (NHS Hospital)	4
Total	103
Recommended number of beds for total population	139-175
Deficit of SPC beds for the Liverpool City Region area	36-72
Removing St Joseph's beds as non specialist would increase this deficit to 67 – 103 for the Liverpool City Region	

Expanding access to specialist palliative care beds remains a system-wide priority. Current provision does not adequately reflect the rising demand driven by demographic change and increasing complexity of need. To ensure equitable, timely, and compassionate care, we must enhance both capacity and responsiveness — particularly by improving availability during evenings and weekends, when access is often most critical for patients and families.

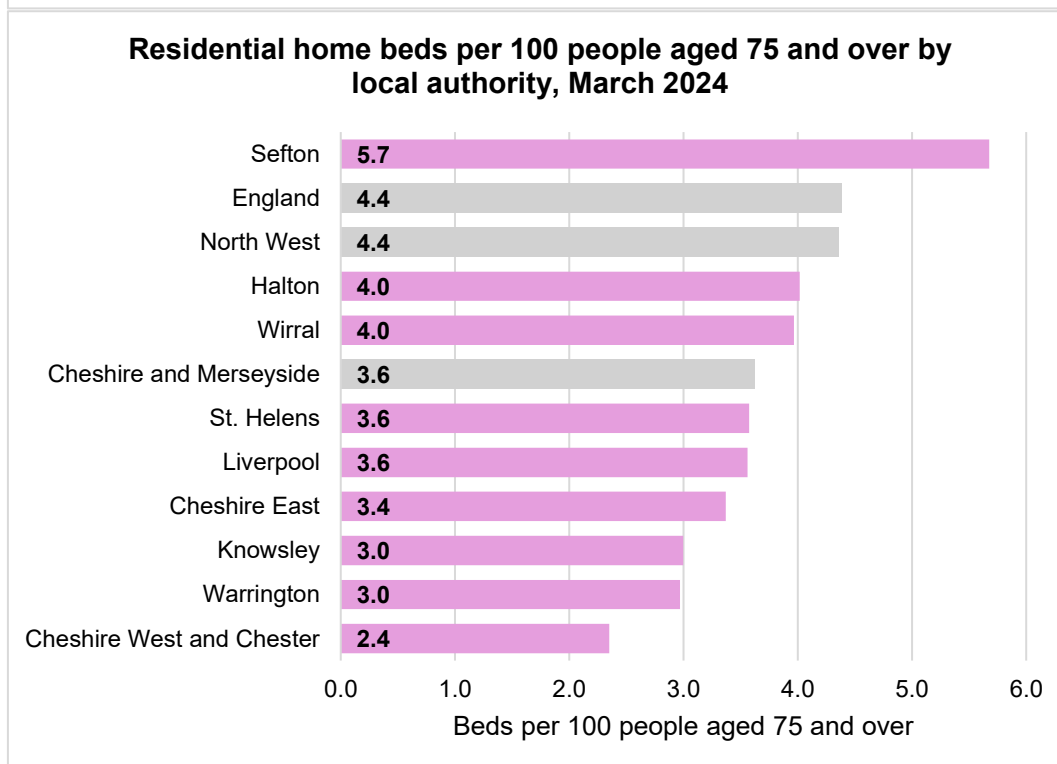
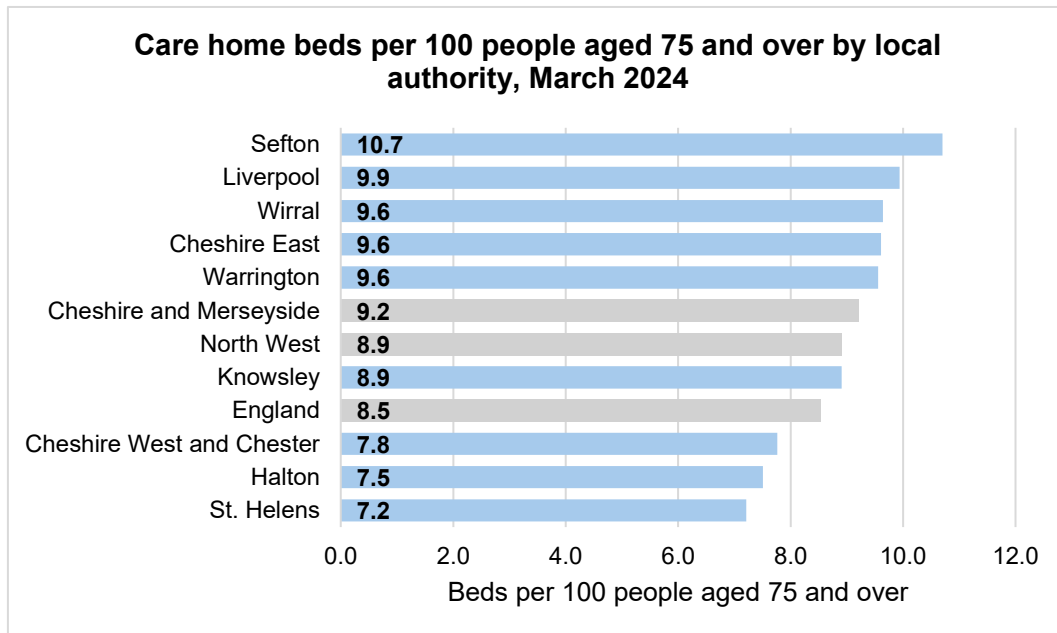
We recognise the unique role that St Joseph's Hospice plays in providing end of life care for many patients in south Sefton at a level of care in between specialist palliative care and generic nursing home provision

7 Care Homes

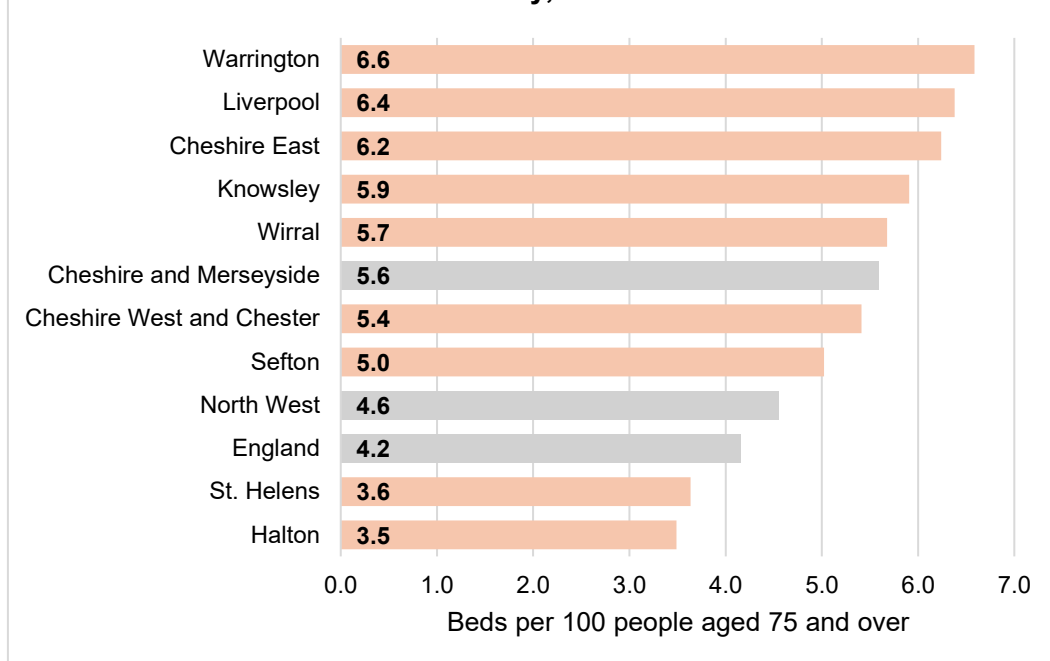
There are 121 care homes in Sefton with 3595 beds, this includes 86 residential care homes with 1907 beds plus 35 nursing homes with 1688 beds.

Comparing the availability of care home and nursing home beds for the local over 75 population is seen as a good indicator of the capacity of the local system to care for the needs of an aging population by supporting people in the community.

We can see from the charts below that Sefton has proportionally the most care home beds and residential beds across Cheshire and Merseyside, but for nursing home beds Sefton is below the local average, but still above the regional and national average.



Nursing home beds per 100 people aged 75 and over by local authority, March 2024



Across Sefton around 40% of care home placements are local authority funded, with the remainder being self-funders, health funded and non-Sefton residents.

The recent successful Sefton bid for Pioneer Neighbourhood status recognises the high number of care homes in the north of the borough and signals a strategic aim to support people to live independently for longer in their communities through the "Better at Home" programme.

Both PCNs operate Enhanced Health in Care Homes Directed Enhanced Service (DES) models supporting proactive care. Delivery of high-quality palliative and end-of-life care is a core component of the scheme. The future of the DES scheme may be uncertain however.

The care home provider landscape is strikingly different between north and south Sefton with almost double the number of care homes per head population in the north of the borough. This is likely to be a significant factor in achieving the higher proportion of deaths in a preferred, out of hospital, place of care for the north.

8 Specialist Palliative Care Services

National bodies have repeatedly called for Specialist Palliative Care Services to be available to patients 7-days per week and for non-specialist providers of palliative care to be able to access advice at all times of the day or night.

- 24/7: Queenscourt Hospice and Woodlands Hospice provide a 24/7 advice line for professionals. Woodlands provide this service 24/7 for patients as well, however Queenscourt only offer a patient advice line during normal working hours.
- 7/7: Hospital and community Specialist Palliative Care teams provide 7-day face to face assessments.
- Hospice admissions: Queenscourt Hospice, Woodlands Hospice and St Joseph's Hospice routinely admit patients outside normal hours.

9 Community Pharmacy

Timely access to end of life medications is extremely important for adequate management of patient symptoms and convenience of access for professionals and carer/families.

Currently there is unwarranted variation across Cheshire and Merseyside in terms of the number of pharmacies that stock vital end of life medications, the range of medications stocked and in the accessibility of them outside of normal hours.

Following an ICB review in 2025, the following arrangements will be in place for the provision of end of life medications across Cheshire & Merseyside:

	Current no. of pharmacies	Proposed no. of pharmacies	Out of Hours arrangements
Cheshire	33	24	Only 1 pharmacy open from 8am Coverage until 21:00 at 4 pharmacies
Halton	5	5	Only 1 pharmacy open from 8am 2 pharmacies open later than 18:00
Knowsley	5	4	None
Liverpool	22	18	Only one pharmacy open from 8am Majority of pharmacies open past 18:30
Sefton	6	6	Yes
St Helens	9	8	None
Warrington	9	8	No coverage 8-8.45am Coverage in the evenings
Wirral	11	11	None
Total	100	84	

It is reassuring to no reduction in local pharmacies that stock vital end of life medication, but it is disappointing to see no details behind any out of hours arrangements.

It is important to recognise that any pharmacy can obtain stock with sufficient notice, therefore the more people identified as GSF with Advance Care Plans will help to ensure this medication is available when needed.